

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**DNC Services Corp./Dem. Nat'l Committee**

Full Name (Last, First, Middle Initial)

## **A. Roxanne Quimby**

Mailing Address 216 Angler Avenue

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Quimby Foundation

Occupation

Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : C30804493**

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)

## **B. Roxanne Quimby**

Mailing Address 216 Angler Avenue

City State Zip Code  
Palm Beach FL 33480

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Quimby Foundation

Occupation

Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : C30826958**

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

## **C. Leah Quin**

Mailing Address 90-1041 Kaileolea Dr #2A4

City State Zip Code  
Ewa Beach HI 96706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bayada Homecare

Occupation

RN. CWS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

**Transaction ID : C30736482**

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

30015.00

**TOTAL** This Period (last page this line number only)..... ►